

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

38553

State File No.

FILED OCT 16 1957

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>544</u>		Registrar's No. <u>2371</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>JEFF.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KIRK WOOD</u>		c. LENGTH OF STAY (in this place) <u>20 HRS</u>		c. CITY OR TOWN <u>HILLSBORO</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH'S Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>1/2 mi. S. of HILLSBORO ON HY #21</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>KERNAN</u>		b. (Middle) <u>EDGAR</u>		c. (Last) <u>SAPPER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 23 1957</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JAN. 7 1933</u>	
9. AGE (In years last birthday) <u>24</u>		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 1 HRS. Hours Min.		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GLASS WORKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PITTSBURGH P. GLASS</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>HILLSBORO RT #1</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>GEORGE SAPPER</u>		13b. MOTHER'S MAIDEN NAME <u>ALBERTA MARSDEN</u>		14. NAME OF HUSBAND OR WIFE <u>JOYCE SAPPER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES 2-1950 to 6-1950 490-32-6000</u>		16. SOCIAL SECURITY NO. <u>490-32-6000</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>GEORGE SAPPER HILLSBORO Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral aneurysm severe & decompensate State</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>29 hours</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jefferson Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept 23 57 m.</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Lost control of auto. Auto accident & went over cliff.</u>					
22. I hereby certify that I attended the deceased from <u>Sept 22, 1957</u> to <u>Sept 23, 1957</u> , that I last saw the deceased alive on <u>Sept 23, 1957</u> , and that death occurred at <u>2 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>George L. Howkins, M.D.</u>				23b. ADDRESS <u>600N Euclid St house</u>		23c. DATE SIGNED <u>Sept 24 57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>SEPT. 23 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HILLSBORO</u>		24d. LOCATION (City, town, or county) (State) <u>HILLSBORO Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-25-57</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Donnell B. Dettl</u>		ADDRESS <u>Detroit Mo.</u>	

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 13 1958

OCT 17 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Samuel B. Smith

Licensed Embalmer No. 7104

P. O. Address *Lehigh Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.